REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/838,927-Conf. #2178
	Filing Date	April 19, 2001
	First Named Inventor	Seth Harman
	Art Unit	3622
	Examiner Name	J. W. Van Bramer
	Attorney Docket Number	65164/P001CP1/10606083

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the practitioners of record;

☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or

☒ the practitioners of record associated with Customer Number: _____000029053_____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

☐ 10.40(b)(1)	☐ 10.40(b)(2)	☐ 10.40(b)(3)	☐ 10.40(b)(4)
☐ 10.40(c)(1)(i)	☐ 10.40(c)(1)(ii)	☐ 10.40(c)(1)(iii)	☐ 10.40(c)(1)(iv)
☐ 10.40(c)(1)(v)	☒ 10.40(c)(1)(vi)	☐ 10.40(c)(2)	☐ 10.40(c)(3)
☐ 10.40(c)(4)	☐ 10.40(c)(5)	☐ 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.

2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled. See note below.

3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

We will deliver to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled immediately upon approval of this request.

Request for Withdrawal as Attorney or Agent

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: May 8, 2009   Signature: _Donna Dobson_ (Donna Dobson)

65293854.1

REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐   The address of the inventor or assignee associated with Customer Number: _____
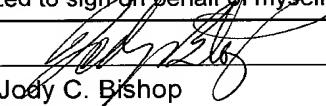
OR

B. ☒ Inventor or Assignee Name	Simple.com, Inc. c/o Warga Professional Corporation

Address	1090 Don Mills Road, Suite 500					

City	Toronto	State	ON	Zip	M3C 3R6	Country	CA
Telephone	(416) 642-3000			Email	seth@simple.com		

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature		
Name	Jody C. Bishop	Registration No.	44,034

Address	Fulbright & Jaworski L.L.P. 2200 Ross Avenue, Suite 2800

City	Dallas	State	TX	Zip	75201-2784	Country	US
Date	May 8, 2009			Telephone No.	(214) 855-8007		

*NOTE: **Withdrawal is effective when approved rather than when received.***

65293854.1